PTO/SB/06 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	PATEN	IT APPLIC	CATION	FEE DETE	RMINATIO	NC	RECORD	Jillauon Gillos		ation or Docket N	
一				ute for Form PT	O-875						
APPLICATION AS FILE (Column 1)				- PART I (Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	SIC FEE CFR 1.16(a), (b), or (c))					1			Ì		
SEA	ARCH FEE CFR 1.16(k), (i), or (m))								1		
EXA	AMINATION FEE CFR 1.16(0), (p), or (q))	†									
	TAL CLAIMS CFR 1.16(i))		minus 20	0 = •		1	х =		OR	x =	
	EPENDENT CLAIMS CFR 1.16(h))		minus 3	-			х =			x =	
APPLICATION SIZE FEE (37 CFR 1.16(s))		sheets of is \$250 (\$ additional	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a		oplication size fee due I entity) for each fraction thereof. See						
MUI	LTIPLE DEPENDENT	CLAIM PRES	ENT (37 C	FR 1.16(j))							
• If t	the difference in colum	nn 1 is less tha	ın zero, en	ter "0" in column :	2.	•	TOTAL			TOTAL	
	APPLIC/	ATION AS /	AMENDI	ED – PART II							
10	-27-05 (Column 1)		(Column 2)	(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL	
NT A	AN	CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
ME	Total * (37 CFR 1.16(i))	37	Minus	" 2 7	* 10		x 25 =	250	OR	x =	
AMENDMENT	Independent (37 CFR 1.16(h))	8	Minus	" 9	=		Х =		OR	x =	
ME.	Application Size Fee	e (37 CFR 1.1	6(s))]					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ŀ			OR		
					÷	,	TOTAL ADD'L FEE	250	OR	TOTAL ADD'L FEE	
2-	26-06 (Column 1)		(Column 2)	(Column 3)		•		•	,	
NT B	RI	CLAIMS EMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total * (37 CFR 1.16(i))	37	Minus	37	*		х =		OR	х =	
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₩	Application Size Fee	e (37 CFR 1.16	ô(s))		7	1			•		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	 If the entry in column If the "Highest Numb" If the "Highest Numb The "Highest Numbe 	ber Previously ber Previously	Paid For	IN THIS SPACE I	is less than 20,	ent	r "3"	the appropriate	e box in e	column 1.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/S806 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD: Substitute for Form PTO-875						04884223			
CLAIMS AS FILED = PART I (Column 1) (Column 2): SMALL ENTI						OTHER THAN OR SMALL ENTITY			
FOR	NUMBER FLED	NUMBER EXTRA	RATE	FEE		RATE	FEE		
BASICFEE (DI CFR), (6(a)) TOTAL CLAMS. //			- 4	.365	OR		•		
D7 OFR 1.18(c)) INDEPENDENT CLAMS	minus 20 e		13 <u>-</u> 1-	///	OR	* \$			
D7 CFR:1:18(6))	×: <u>70</u> .	400	OR	•					
MULTIPLE DEPENDENT		A 4:16(d])	•	חבל	OR	•			
	min 1 is less than zoro, ériler 1		TOTAL	L/100	OR	TOTAL			
danina	IMS AS AMENDED — P (Column 1)	ART II (Column 2) (Column 3)	SMALLI	ENTITY	OR	OTHER	THAN: ENTITY		
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Z Independent	9 Minus	13 0	#.\$		OR	* * •			
	CHOF MULTIPLE DEPENDENT	CLAME (SFCFR E18(d))	+s +		OR	+s •			
416104		ADOLFEE		OR	ADOL FEE				
0		(Column 2) (Column 3) HIGHEST							
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Z Independent	A Minus	21 6	9.	14	OR.	x 8			
III	q Minus	q :	x 8		CR	*8			
FRST PRESENTAT	ION OF MULTIPLE DEPONDENT	CLAME: CAT OFR IL MEDIT	+s •	2-1k	OR	TOTAL			
			ADD' FEE	<u>ot</u>	OR	ADDITEE			
	CLAMS	(Column 2) (Column 3) HIGHEST				5-4-4-4-4			
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Z Independent	8	9 /	1.1.		OR	×8			
FRET PRESENTAL	ión of machère dependent	CLASA (37 CFB (18(6))	٠		OR				
			TOTAL ADD'L FEE		OR	TOTAL ADDILFEE			

"If the "Highest Number Proviously Paid For" (N. NHS SPACE, a less than 1, enter "7.

The "Highest Number Proviously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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